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CONFIRMATION NO. 8690

|   |   |                                   |  |   |
|---|---|-----------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>10/723,597  | <b>FILING OR 371(c)<br/>DATE</b><br>11/24/2003<br><b>RULE</b>   | <b>CLASS</b><br>029               | <b>GROUP ART UNIT</b><br>3726  | <b>ATTORNEY<br/>DOCKET NO.</b><br>CDM/0065.9999 |
| <b>APPLICANTS</b><br>David A. Johnson, Corvallis, OR;<br>Peter E. Johnson, Corvallis, OR;   |   |                                   |  |   |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 09/671,464 09/27/2000 PAT 6,685,753   |   |                                   |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/11/2004</b>  |   |                                   |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY</b><br>OR | <b>SHEETS<br/>DRAWING</b><br>6   | <b>TOTAL<br/>CLAIMS</b><br>6                    |
| <b>INDEPENDENT<br/>CLAIMS</b><br>1  |   |                                   |  |   |
| <b>ADDRESS</b><br>321   |   |                                   |  |   |
| <b>TITLE</b><br>METHOD OF INSTALLING AN EDGEPIECE ON A BATTERY PLATE  |   |                                   |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>685   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |